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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10 / 563896</div> | | FILING DATE | |
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 17 | 14 | | |
| TOTAL DEP. | | | 89 | 62 | | |
| TOTAL CLAIMS | | | 106 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

PTO-1360 (REV. 11/04)

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